

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED
FEC MAIL CENTER

Office Use Only 2016 MAY 27 AM 11:22

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

ANDY WARREN FOR CONGRESS

ADDRESS (number and street)

Box 1416



Check if different
than previously
reported. (ACC)

NEWTOWN

PA

18940

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C00580571

3. IS THIS
REPORT



NEW
(N)

OR



AMENDED
(A)

STATE ▼ DISTRICT

PA

08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

(b) 12-Day PRE-Election Report for the:



Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

04 ' 26 ' 2016

in the
State of

PA

(c) 30-Day POST-Election Report for the:



General (30G)



Runoff (30R)



Special (30S)

Election on

M M / D D / Y Y Y Y

in the
State of

5. Covering Period

04 ' 15 ' 2016

through

05 ' 25 ' 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

ROBERT T. BENDELWICZ

Signature of Treasurer

Robert T. Bendelwicz

Date

05 ' 25 ' 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

ANDY WADEEN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 15 / 2016

To:

MM / DD / YYYY
05 / 25 / 2016

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	0.00	18,860.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	0.00	18,860.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)		
(b) Total Offsets to Operating Expenditures (from Line 14)		
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))		
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

ANDY WARREN FOR CONGRESS

Report Covering the Period:

From:

MM / DD / YYYY
04 / 15 / 2016

To:

MM / DD / YYYY
05 / 25 / 2016

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A)

0.00

8,400.00

(ii) Unitemized

0.00

8,460.00

(iii) TOTAL of contributions from individuals

0.00

16,860.00

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees (such as PACs)

0.00

0.00

(d) The Candidate

0.00

2,000.00

(e) TOTAL CONTRIBUTIONS

(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

0.00

18,860.00

12. TRANSFERS FROM OTHER

AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate

0.00

22,000.00

(b) All Other Loans

0.00

0.00

(c) TOTAL LOANS

(add Lines 13(a) and (b))

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES

(Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS

(Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines

11(e), 12, 13(c), 14, and 15)
(Carry Total to Line 24, page 4)

0.00

40,860.00

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

6,616.44

16,640.00

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

2,100.00

2,100.00

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

22,000.00

22,000.00

(b) Of All Other Loans

0.00

0.00

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

22,000.00

22,000.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0.00

0.00

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees
(such as PACs)

0.00

0.00

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0.00

0.00

21. OTHER DISBURSEMENTS

0.00

0.00

22. TOTAL DISBURSEMENTS
(add Lines 17, 18, 19(c), 20(d), and 21) ►

30,716.44

40,740.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

30,716.44

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

0.00

25. SUBTOTAL (add Line 23 and Line 24).....

30,716.44

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

30,716.44

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD
(subtract Line 26 from Line 25).....

0.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

☐ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ☐

Election Cycle-to-Date ☐

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ☐

Election Cycle-to-Date ☐

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ☐

Election Cycle-to-Date ☐

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ☐

TOTAL This Period (last page this line number only)..... ☐

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE / OF **3**

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

04 15 2016

Amount of Each Disbursement this Period

,600.00

Memo Item

A.

WBCB RADIO

Mailing Address

MAGNOLIA AL.

City

LEVITTOWN

State

Pa.

Zip Code

19054

Purpose of Disbursement

RADIO AD

Candidate Name

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: **PA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

04 18 2016

Amount of Each Disbursement this Period

,470.00

Memo Item

B.

U.S. POSTMASTER

Mailing Address

City

NEWTOWN

State

Pa.

Zip Code

18940

Purpose of Disbursement

STAMPS

Candidate Name

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: **PA**

District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

04 20 2016

Amount of Each Disbursement this Period

,282.00

Memo Item

C.

U.S. POSTMASTER

Mailing Address

City

NEWTOWN

State

Pa.

Zip Code

18940

Purpose of Disbursement

STAMPS

Candidate Name

Category/
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☒ Primary

☐ General

☐ Other (specify) ▼

State: **PA**

District: **08**

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 2 OF 3

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. CALKINS NEWS (CONFER/INTEL.)

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

04 22 2016

City LEVETOWN State Pa. Zip Code 19057

Amount of Each Disbursement this Period

Purpose of Disbursement

NEWSPAPER AD

3,982.00

Candidate Name

Category/
Type

Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

B. ANDREW L WARREN

Mailing Address

294 SHADY BROOK RD.

Date of Disbursement

M M / D D / Y Y Y Y

05 24 2016

City LANGHORNE State Pa. Zip Code 19047

Amount of Each Disbursement this Period

Purpose of Disbursement

REPAY LOAN

22,000.00

Candidate Name

Category/
Type

Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

Full Name (Last, First, Middle Initial)

C. FRIENDS of DON PETRIE

Mailing Address

Date of Disbursement

M M / D D / Y Y Y Y

05 24 2016

City DOVERDOWN State Pa. Zip Code 18901

Amount of Each Disbursement this Period

Purpose of Disbursement

DONATION

1,000.00

Candidate Name

Category/
Type

Memo Item

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 08

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **3** OF **3**

☐ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

Full Name (Last, First, Middle Initial)

A. **FRIENDS of ROB LOUGHERY**

Mailing Address

City **DOYLESTOWN** State **PA.** Zip Code **18901**

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: **PA** District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

05 24 2016

Amount of Each Disbursement this Period

700.00

Memo Item

B. **FRIENDS of TOM PANZER**

Mailing Address

City **DOYLESTOWN** State **PA.** Zip Code **18901**

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: **PA** District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

05 24 2016

Amount of Each Disbursement this Period

250.00

Memo Item

C. **FRIENDS of FRANK FABELI**

Mailing Address

City **LANGHORNE** State **PA** Zip Code **18047**

Purpose of Disbursement

DONATION

Candidate Name

Category/
Type

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: ☒ Primary ☐ General
☐ Other (specify) ▼

State: **PA** District: **08**

Full Name (Last, First, Middle Initial)

Date of Disbursement

M M / D D / Y Y Y Y

05 24 2016

Amount of Each Disbursement this Period

150.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 1 OF 1
FOR LINE NUMBER:
(check only one) ☐ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

ANDREW L. WARREN

☐ Memo Item

Election:

☒ Primary
☐ General

☐ Other (specify) ▼

TERMINATION

Mailing Address

294 SHADY BROOK RD.

City

LANGHORNE

State

Pa.

ZIP Code

19047

Original Amount of Loan

22,000.00

Cumulative Payment To Date

22,000.00

Balance Outstanding at Close of This Period

0.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM 'YY 12 '29

MM 'YY 05 '24

YY 'YY 2015

0.00 % (apr)

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only) ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C-1 (FEC Form 3)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
Information found on
Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.5em; font-family: cursive;">ANDY WARREN FOR CONGRESS</div>		FEC IDENTIFICATION NUMBER <div style="border: 1px solid black; padding: 2px; font-size: 1.2em;">C</div>	
LENDING INSTITUTION (LENDER) Full Name		Amount of Loan <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	Interest Rate (APR) <div style="border: 1px solid black; height: 20px; width: 100%;"></div> %
Mailing Address <div style="font-size: 2em; font-family: cursive;">[Signature]</div>		Date Incurred or Established <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
City	State	Zip Code	Date Due <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>			
B. If line of credit, Amount of this Draw: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>		Total Outstanding Balance: <div style="border: 1px solid black; height: 20px; width: 100%;"></div>	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> Yes (Endorsers and guarantors must be reported on Schedule C.)			
D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the value of this collateral? <div style="border: 1px solid black; height: 20px; width: 100%;"></div> Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____			What is the estimated value? <div style="border: 1px solid black; height: 20px; width: 100%;"></div>
A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Date account established: <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>			
Location of account: Address: _____ City, State, Zip: _____			
F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.			
G. COMMITTEE TREASURER Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
H. Attach a signed copy of the loan agreement.			
I. TO BE SIGNED BY THE LENDING INSTITUTION: I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above. II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness. III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.			
AUTHORIZED REPRESENTATIVE Typed Name Signature		DATE <div style="border: 1px solid black; padding: 2px; font-size: 0.8em;">M M / D D / Y Y Y Y Y Y</div>	
Title			

SCHEDULE D (FEC Form 3)
DEBTS AND OBLIGATIONS
Excluding Loans

(Use separate
 schedule(s)
 for each
 numbered line)

PAGE OF
 FOR LINE NUMBER:
 (check only one) ☐ 9 ☐ 10

NAME OF COMMITTEE (In Full)

ANDY WARREN FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

TEST SERVICE IN THE U.S.

WRITE FIRMLY TO MAKE ALL COPIES LEGIBLE.


**ED INTERNATIONALLY,
TOMS DECLARATION
MAY BE REQUIRED.**



/ 2013 OD: 12.5 x 9.5



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UNITED STATES

PRESS FIRMLY TO SET



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20463

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19110
MAY 26 1981
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SN6HE9959TEK3

SN64E9959TEK3



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★ MAIL ★
EXPRESS™**

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)

PHONE (215) 796-3532

A. W. NEESE
294 SHROY BROOK RD.
LANSHIRE, Pa. 19047

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☐ **SIGNATURE REQUIRED** Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle and other secure location without attempting to obtain the addressee's signature on delivery.

Delivery Options

☐ No Saturday Delivery (delivered next business day)

☐ Sunday/Holiday Delivery Required (additional fee, where available*)

☐ 10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com® or local Post Office™ for availability.

TO: (PLEASE PRINT)

TO: (PLEASE PRINT) . PHONE (

MS. RUBIN KELLY
FEC
999 E. STREET, NW
WASHINGTON, D.C.
(ADDRESSES ONLY)

ZIP + 4® (U.S. ADDRESSES ONLY)

204363

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance Included.

LABEL 11-B, JANUARY 2014 PSN 7690-02-000-9996 ☐ PM

3-ADDRESSEE COPY

RECEIVED
FEDMAIL CENTER
2016 MAY 27 AM 11:22

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 5/26/16
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


PREPARER

5/27/16
DATE PREPARED